PRINTED: 10/02/2012 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
	000230	ı	D: Wii(0		09/	/21/2012
NAME OF PROVIDER OR SUPPLIER  GLENBURN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  618 W GLENBURN ROAD  LINTON, IN 47441				
PREFIX (EACH DEFICIEN	EACH DEFICIENCY MUST BE PRECEDED BY FUI		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A Quality Assurance conducted by the Interest Health.  Survey Date: 09/21  Facility Number: 00 Provider Number: 1 AIM Number: 1002  Surveyor: Lex Bras Specialist  At this Quality Assur Glenburn Home was 410 IAC 16.2-3.1-19  This one story facilit Type V (000) construsprinklered. The fact with smoke detection open to the corridors detectors in resident north hall, 500 north and 700 rehabilitation operated smoke detect 400 south hall, 500 south	K 000 INITIAL COMMENTS  A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.  Survey Date: 09/21/12  Facility Number: 000230 Provider Number: 155524 AIM Number: 100275000  Surveyor: Lex Brashear, Life Safety Code Specialist  At this Quality Assurance Walk thru survey, Glenburn Home was found in compliance with 410 IAC 16.2-3.1-19(ff).  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in resident sleeping rooms in the 400 north hall, 500 north hall, 600 hall, and 700 hall, and 700 rehabilitation suite rooms, with battery operated smoke detectors in the 300 south hall, 400 south hall, 500 south hall and all Special Care Unit resident rooms including the 100 and 200 halls. The facility has a capacity of 137 and had a census of 127 at the time of this survey.  The facility was found in compliance with state law in regard to sprinkler coverage and smoke		K 000			

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER  GLENBURN HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  618 W GLENBURN ROAD LINTON, IN 47441  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  GLENBURN HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  618 W GLENBURN ROAD LINTON, IN 47441   (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  (B18 W GLENBURN ROAD LINTON, IN 47441  DPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME TAG CROSS-REFERENCED TO THE APPROPRIATE  DIVIDING TO THE APPROPRIATE  COME TAG CROSS-REFERENCED TO THE APPROPRIATE	000230					09/21/2012			
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K 000 Continued From page 1 K 000	K 000	00 Continued From page 1			K 000				
storage room separated from the facility by a two hour fire wall, and one detached garage used for facility storage.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/12.	K 000	storage room separated from the facility by a two hour fire wall, and one detached garage used for facility storage.  Quality Review by Robert Booher, Life Safety		K 000					

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